

# Striving Toward Equity

**Utah's COVID-19 Vaccine Distribution Roadmap**

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**CORONAVIRUS**  
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Our goal is to make sure every Utahn who wants a vaccine can get one, and to remove any barriers that may keep someone from getting vaccinated. This document was created as guidance vaccination providers should follow when developing processes and policies for vaccination clinics.

**Agencies and partners involved in the development and/or implementation of this plan:**

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- Association for Utah Community Health
- Bear River Health Department
- Central Utah Health Department
- Davis County Health Department
- Salt Lake County Health Department
- San Juan County Health Department
- Southeast Utah Health Department
- Southwest Utah Health Department
- Summit County Health Department
- Tooele County Health Department
- Tricounty Utah Health Department
- Utah County Health Department
- Wasatch County Health Department
- Weber-Morgan Health Department
- State of Utah COVID-19 Unified Command
- Legislative representatives
- Salt Lake County Mayor's Office
- Salt Lake City Mayor's Office
- Governor's Office of Management and Budget
- Community-based organizations
  - Association of Area Agencies on Aging
  - Independent Support Coordinator Association (ISCA)
  - Utah Association of Community Services (UACS)
- Providers
  - Utah Parents Center (includes parents of children with disabilities of all ages - including adults)
- Disability Law Center
- Utah Developmental Disabilities Council
- Utah Department of Health
- Utah Department of Human Services
- Utah National Guard
- Multicultural Advisory Committee of the state of Utah's COVID-19 Response
- Healthcare systems including, but not limited to:
  - Intermountain Healthcare
  - Mountainstar Healthcare
  - Nomi Health
  - Revere Health
  - Steward Health
  - University of Utah Health
- Retail pharmacies including, but not limited to:
  - Associated Foods
  - Harmon's
  - Kroger Brands
  - Walmart

# Why does equity matter when it comes to COVID-19 vaccines?



Pandemics affect everybody, but not everybody has access to the same resources to keep themselves and their families safe. Our goal is to make sure every Utahn who wants a vaccine can get one, and to remove any barriers that may keep someone from getting vaccinated.

Certain social and economic factors impact people's ability to protect themselves from the threat of public health emergencies such as COVID-19. These factors are called health inequities. Health inequity happens when some groups of people don't have the same opportunities as everyone else to actually use the systems designed to keep us safe and healthy.

These types of systems include things like policies that affect our health directly-such as access to healthcare and healthcare resources, or indirectly- like living and working conditions, access to transportation or healthy foods, or having access to, and knowing where to get accurate and understandable information. When some groups of people don't have the same opportunity to use these systems, it leads to unfair and avoidable differences in health. These are also known as health disparities. Throughout the pandemic, we have worked to address these health disparities, within not only racial and ethnic minority groups, but within other higher-risk and vulnerable populations.

Health disparities during the COVID-19 pandemic mean certain populations are more likely to get sick, be hospitalized, or die from the disease. These populations experienced health inequities before the pandemic, but COVID-19 made the inequities much worse, and brought them into the spotlight. We cannot protect everybody if we have communities that do not have access to the vaccine. When some people aren't able to access the things they need to stay safe and healthy, it affects us all.

Throughout the pandemic, partners throughout Utah have been working together to make sure our efforts are inclusive, accessible, and effective for all Utahns. Not all Utahns have the same access to resources and opportunities. If we fail to address underserved and underrepresented populations, everybody remains at risk. When Utahns try to stay safe and keep others safe, but don't have the resources to do so, COVID-19 will continue to spread throughout our communities.

Our vaccination efforts must protect the health and safety of all Utahns, especially our most vulnerable, or those who are at higher-risk for severe illness from COVID-19. We do this by making sure all Utahns have equitable access to resources throughout the COVID-19 vaccination process.

# The principles we use to guide our decision making when COVID-19 vaccines are limited

The CDC Advisory Committee on Immunization Practices (ACIP) has identified four ethical principles to guide the decision-making process if vaccine supply is limited.

- **Maximize benefits and minimize harm** — We use the best available data to tell us who is most at risk. This is how we keep the most people from getting severe illness or dying.
- **Mitigate inequities** — Reduce the number of people who are affected by COVID-19 because of health disparities, and make sure everyone has the opportunity to be as healthy as possible.
- **Promote justice** — Treat everyone within our communities fairly. Remove any barriers or obstacles that would keep someone from getting vaccinated for COVID-19.
- **Promote transparency** — Make sure all Utahns understand the research and data we use to make decisions about who is most at risk and should be vaccinated first.



## Utah's efforts to ensure vaccine equity

### 1. Identify priority and higher-risk populations.

- Use scientific research and data to find out how many people are at higher-risk for hospitalization and death. Specific populations who may be at higher-risk include:
  - Older adults
  - Underserved communities, including: racial and ethnic minorities, immigrants, refugees, those who live in areas without access to health services, those for whom taking time off work is difficult or have little scheduling flexibility, and those who may have lower incomes
  - Tribal Nations (governments) and American Indian or Alaska Native (AI/AN) communities
  - Those who don't have health insurance, or whose health insurance is inadequate or has a high deductible, or people who may not have a healthcare provider
  - People who have certain underlying health conditions and are at higher-risk for hospitalization and death from COVID-19
  - Congregate living and day supports settings, including: small group homes, day treatment, habilitation, supported employment sites, and other residential settings
  - Homeless populations
  - People who have disabilities (and their in-home caregivers)
  - Those who are homebound (and their in-home caregivers)
  - Rural communities
- Living in certain locations may put some populations at more risk of severe illness or death.
  - Prioritize vaccine distribution to ZIP codes that have been most severely affected by COVID-19 or that have other social or economic factors that put people at higher risk. These areas are likely to have more people with barriers that could keep them from getting vaccinated, such as higher levels of economic hardship or other social barriers.

All partners working on vaccine health equity will include strategies to reach a large number of Utahns who, for a variety of reasons, may not be willing or able to get vaccinated at traditional vaccination sites. These Utahns will rely on vaccine services from public health clinics, as well as temporary or mobile settings. Survey data suggest vaccine confidence is lower among African American and Hispanic populations. It is important that work plans include strategies focused on the specific needs of these groups. Strategies should be data-driven, use community leaders and partners to make sure all Utahns get accurate vaccination information from trusted sources, and make sure everyone has equitable access to health services.

## Partners should determine:

- Which populations may need additional resources?
- Where do community members get their healthcare and health information?
- Who is responsible to make sure COVID-19 vaccines are available at locations community members will use and that the process makes it easy to get vaccinated?
- Who is responsible to make sure your organization is partnering with individuals or organizations that community members view as trusted sources of health information (such as community leaders and Community Health Workers)?
  - Additional partners to consider working with:
    - Apartment complex management
    - Utah Apartment Association
    - Mayors and city council members
- Is there a tribal reservation or tribal community in your area?
- If there is a tribal reservation or tribal community in your area, who will be responsible to coordinate with the state or tribal government?



## Tribal Nation sovereignty

Providing equitable access to tribal nations first requires an acknowledgement of their sovereignty, and an understanding that they govern and operate under their own public health laws. It is also important to understand how tribal members access healthcare. Tribal governments work directly with the state or federal government. If outside agencies or organizations want to work with tribes, they should work through the Utah Department of Health Office of American Indian/Alaska Native Health Affairs (AI/AN) or tribal governments. The state partners with tribal governments and tribal health when developing vaccination distribution strategies. Reservations are located in rural and frontier parts of Utah. Tribal health systems on reservations have historically been far less integrated into the state in general, especially into the public health system. Working with tribal governments and tribal health provides the best information so we can address capacity and delivery options that work best for community members who live both on, or off, a reservation.

## 2. Develop messaging that works for all Utahns.

Our goal is to provide all Utahns with current, credible health information so they can make informed decisions for themselves and their families.

The state of Utah has many communication resources available to make sure accurate health information is reaching all Utahns, from sources they trust.

- Our research-based Real Talk and Trusted Voices media campaigns were developed to provide education and information about COVID-19 vaccines, vaccination distribution plans, and address barriers to vaccination. Feedback from focus groups with community health workers and community partners is incorporated into the development of all media campaigns, as well in the development of the vaccine page on the [coronavirus.utah.gov](https://coronavirus.utah.gov) website. Materials are written in plain language and are available in many languages spoken throughout Utah.
- The Multicultural Advisory Committee, including its strategy workgroups, such as the language access and communications workgroups, reduce COVID-19 disparities by bringing together and collaborating with a large number of partners throughout the state—who represent many different sectors, communities, industries, and organizations—to maximize the reach of our efforts. This helps organizations statewide utilize resources they may otherwise not have had access to. The members appointed to serve are a racially and ethnically diverse group of community advocates, nonprofits, state agencies, faith-based organizations, healthcare partners, and business leaders.
- Changing the Curve advisory group - A work group made of staff members from the Utah Department of Health, representatives from local health departments, legislators, members of the Multicultural Advisory Committee, healthcare providers, community health workers, community-based organizations, Tribal Government liaisons, and representatives from state and local government.
- Our Community Health Worker (CHW) trainings provide accurate health information and messaging to our frontline workers who educate, inform, and help people in need access resources. The trainings help CHWs understand how to best address misconceptions and barriers to vaccination in diverse communities.
- Partnerships with trusted sources of health information:
  - Community-based organizations
  - Community leaders
  - Community health workers (commonly known as CHWs)



## 3. Reduce barriers at vaccination clinics.

- **Increase registration options.**
  - **Online registration:** providers are encouraged to allow the same email to be used for more than one appointment.
  - **Phone registration:** provide services in English and Spanish. Interpretation services must also be available in many other languages.
  - **Onsite registration:** allow same day registration at the vaccination clinic or event.
    - It's important to let people know what time you will be doing vaccinations for people who register on-site, what they'll need to bring with them, and what the process for on-site registration looks like.
    - If you are going to have those who have pre-registered and those who are registering on-site go through a different process or stand in a different line, post signs that make it clear what they need to do.
    - Let people know that the process may take longer if they register on-site, so they can plan ahead.



- **Use caution, respect, compassion, and be patient when determining vaccine eligibility.**

There have been situations where people who were eligible to be vaccinated were turned away because they did not understand how to correctly answer questions about their medical conditions. Many Utahns may not be familiar with health information, including their own medical conditions. It's important to keep in mind that only 12% of people in the U.S. have the health literacy needed to make informed decisions about their healthcare.

This means that many individuals, especially those with limited English proficiency, may not be able to answer eligibility questions correctly, even about their own health conditions.

A good example of this is when people are asked whether their diabetes is controlled or uncontrolled. Most people do not know what this means.

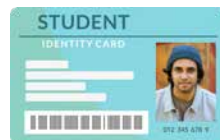
- It's important to keep in mind that even when you ask follow-up questions, like if the person is taking medicine or has seen a doctor, it may not necessarily answer the question as to whether someone's diabetes is controlled. A person may have taken medication at one time, or have only seen a physician once.
- **It's very important before saying someone is ineligible, or turning someone away, that you make sure you have used every available resource to make sure the person understood what was being asked of them.**

- **Provide mobile vaccine clinics** to rural communities and urban areas with limited access to permanent vaccination sites.
- **Provide accommodations** to individuals with disabilities at vaccination sites.
- **Accept many forms of identification.** Requiring identification (ID) is one of the biggest barriers to getting vaccinated for many people. Many Utahns are hesitant about providing ID for a variety of reasons, especially at clinics overseen by the government. They may think eligibility is tied to citizenship, or they may be concerned about the government or law enforcement having access to their personal information. Requiring ID reduces the likelihood individuals will access health services.

- Proof of citizenship, insurance, or a social security number is NOT REQUIRED for someone to get vaccinated.
- Only collect the minimum amount of personal information needed.
- You may need to explain why you need the information, how someone's information will be used, and who has access to it.
- Allow people to use other types of documentation in place of a photo ID, like:



Foreign issued government ID  
(examples include: Mexican Matricula, Peruvian DNI)



School-issued ID



I-94



Expired drivers license  
or passport



Driving privilege cards



A utility bill



Any other documentation  
that provides the necessary  
information to verify identity



- Provide multilingual staff at vaccination clinics.
- Provide transportation to sites for those without access to transportation.
- Regularly check in with trusted community partners to receive and incorporate their feedback into COVID-19 vaccine efforts. Actively work to continuously reduce barriers at vaccine clinics.



#### 4. Create vaccination sites at locations within the community and routes for mobile vaccination units.

- Create mobile vaccination routes in areas where people have less access to health services or have social or economic factors that may keep them from getting vaccinated.
- Make sure mobile vaccination clinics are offered more than once in the same area or community, in case someone missed it the first time.
- Coordinate with Federally Qualified Health Centers (FQHCs), community health clinics, community organizations, and vaccine providers to make vaccination clinics or events available at locations that work best for community members.
- **On a regular basis, offer vaccination clinics or events that are held outside normal business hours**, like after work (after 6 p.m.) or on the weekends. Many people have a hard time getting to health appointments during the day. This means you need to provide the opportunity for people to get vaccinated outside normal business hours each week, not just at special events, which people may not be able to attend.
- **Hold vaccination clinics at locations community members will actually go to** (such as, faith based or community centers, community based organizations, or grocery stores). Make sure vaccination events are offered more than once at the same location, in case someone missed it the first time. This helps reach Utahns who may choose not to get vaccinated at traditional vaccination sites, and may provide language support for community members who do not speak English.
- **Provide in-home vaccination opportunities** for those who have mobility issues or can't leave their homes.
- **Provide frequent, repeat vaccine clinics in nursing facilities, assisted living facilities, and other congregate care settings** to make sure that new patients, new staff, or staff members who haven't been vaccinated yet have an opportunity to get vaccinated.



## 5. Make vaccination data available to the public.

- Make sure vaccine providers accurately collect and report data.
- Request vaccine providers collect racial and ethnic data so we can better understand any barriers to vaccination, monitor disparities, and make sure resources and vaccinations are distributed equitably, and where they're most needed, to stop the virus from spreading. Provide best practices and rationale for why this is being collected.
- Collect data from multiple sectors and sources.



## Where should the different types of COVID-19 vaccines be used?

Partners can best determine which type of COVID-19 vaccine to use by thinking about the specific needs of the different populations they serve. People who are currently under the care of a healthcare provider or who have complex underlying health conditions may prefer to use a two-dose COVID-19 vaccine. Those serving populations that are difficult to reach (such as transient populations) may prefer to use one-dose COVID-19 vaccines.

### Vaccines requiring only one dose

Use vaccinations that only require one-dose for those who are hardest to reach or may have barriers that might keep them from getting vaccinated, or getting completely vaccinated with both doses. This will increase the number of people we are able to reach with our efforts. One-dose vaccinations reduce the amount of time people have to take off work; help those who may have a hard time getting transportation to vaccination clinics or events; have trouble making and keeping a second appointment; and have less strict refrigeration requirements. Some examples of populations or locations where a one-dose vaccine may work best include:



- Mobile vaccination clinics
- High-risk congregate living settings
- Substance abuse treatment centers
- People who are unable to take time off of work
- Agricultural workers
- Homeless and transient populations
- People who are incarcerated
- People without insurance or a regular healthcare provider
- Local pharmacies

## Timeline

March 1, 2021-December 31, 2021

## Target Population

COVID-19 vaccine providers throughout the state of Utah

## Goal

Our goal is to have all vaccine providers implement these best practices so we can be sure, throughout all of the geographic areas and communities in Utah, that COVID-19 vaccines are distributed in a fair and equitable way.

## Measure of success

Vaccination rates throughout the state should reflect that proportionate numbers of all Utahns are vaccinated. This means similar percentages of all populations have been vaccinated, including in populations who may be at higher-risk of severe illness because of social, economic, or geographic factors.